

Title: Improvements to Medicaid Services (*Miscellaneous Coverage Items*)

Sections: Subtitle D

State Mandate (Sections 2301, 2302 and 2502)

State Option (Section 4106 and 4107)

Overview: The Patient Protection and Affordable Care Act (ACA) requires state Medicaid programs to cover additional services, providers and facilities. As discussed below, these new requirements are already covered by Nevada's Medicaid program (and Nevada Check-Up, the State's CHIP program, as appropriate). As a result, there will be minimal impact to these programs. For the optional services discussed below, the federal government will provide enhanced federal funding to the State for these services.

Free-Standing Birth Center Services (2301)

Overview: Section 2301 of the ACA requires state Medicaid programs to cover services provided at free-standing birth centers, effective March 23, 2010. A free-standing birth center is a health care facility that is not a hospital, where birth is expected to occur away from the woman's residence. The centers must be licensed or otherwise approved by the State.

The Medicaid program may make direct payments to a free-standing birth center for childbirth and other ambulatory services. Separate payment may be made to providers such as midwives or a licensed birth attendant, a health professional who is authorized under State law to provide services in connection with childbirth and is acting within the scope of practice allowed by State law.

Targeted Populations: Medicaid recipients who utilize free-standing birth centers for childbirth.

Fiscal Impact: None.

Applicability to Nevada: Midwives are already covered by Nevada Medicaid. Nevada Medicaid is currently developing medical coverage and reimbursement policy specific to free-standing birth centers for services.

Concurrent Care for Children (2302)

Overview: Section 2302 of the ACA requires State Medicaid programs that cover hospice to allow a terminally ill child to receive both hospice care and curative services concurrently. An election to have Medicaid or CHIP cover hospice care for a terminally ill child does not waive the rights of the child to receive services to treat the terminal condition or to have Medicaid or CHIP pay for those services.

Targeted Populations: Terminally ill children who may be receiving hospice care at the same time that they are being treated for a terminal illness.

Fiscal Impact: None.

Applicability to Nevada: Concurrent services for children receiving hospice care are already covered by Nevada's Medicaid and CHIP programs.

Elimination of Exclusion for Coverage of Certain Drugs (2502)

Overview: Section 2502 of the ACA prohibits state Medicaid programs from excluding the following drugs from coverage: drugs used to promote smoking cessation, including smoking cessation agents approved by the over-the-counter monograph process; barbiturates; and benzodiazepines. This provision of the law takes effect on January 1, 2014.

Targeted Populations: Medicaid recipients who may be prescribed the drugs listed above.

Fiscal Impact: None.

Applicability to Nevada: Smoking cessation products, barbiturates, and benzodiazepines are already covered by Nevada Medicaid.

Improving Access to Preventive Services for Eligible Adults in Medicaid (4106)

Overview: Section 4106 of the ACA provides state Medicaid programs with the option to expand coverage for diagnostic, screening, preventive, and rehabilitation services to include the following:

1. Any clinical preventive services assigned a grade of A or B by the United States Preventive Services Task Force;
2. Approved vaccines recommended by the Advisory Committee on Immunization Practices; and

3. Any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level.

Targeted Population: Adults covered by Medicaid.

Fiscal Impact: Effective January 1, 2013, Nevada will receive a one percentage point increase in its federal medical assistance percentage (FMAP) to help pay for these services and vaccinations. The State will need to determine the extent of programming changes to its systems that will be necessary to claim the higher FMAP.

Applicability to Nevada: Adult preventive services and vaccines are already covered by Nevada Medicaid. This section of the ACA provides the State with additional federal funding to help pay for these preventive services and vaccinations. However, the State has not developed a formal policy describing what preventive services are covered.

Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women in Medicaid (4107)

Overview: Section 4107 of the ACA provides state Medicaid programs with the option to cover counseling and drug therapy for the purpose of cessation of tobacco use by pregnant women. The benefit is defined as "diagnostic, therapy, and counseling services and pharmacotherapy (including the coverage of prescription and nonprescription tobacco cessation agents approved by the Food and Drug Administration (FDA)) for cessation of tobacco use by pregnant women." The effective date for this section of the law is October 1, 2010.

To be eligible for reimbursement, services must be furnished to a pregnant woman by a physician or other health practitioner who is authorized to do so under State law or regulation. Any drug or agent to be covered must be: (1) approved by the FDA for use by pregnant women to stop smoking; and (2) recommended for use by pregnant women in "Treating Tobacco Use and Dependence: 2008 Update: A Clinical Practice Guideline," published by the Public Health Service, or any later modification. Medicaid may also cover any other services that the Health and Human Services Secretary recognizes to be effective for use by pregnant women for smoking cessation. No cost sharing may be required of a pregnant woman for any services or supplies covered under this provision.

Targeted Population: Pregnant women covered by Medicaid who are being treated for smoking cessation.

Fiscal Impact: None.

Applicability to Nevada: Nevada's Medicaid program already covers smoking cessation services. Physician visits are also covered where the recipient may discuss appropriate interventions with his or her physician (counseling). Nevada will receive a one percentage point increase in its federal medical assistance percentage (FMAP) to help pay for these services, effective January 1, 2013. The State will need to determine the extent of programming changes to its systems that will be necessary to claim the higher FMAP.